BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

10/6/5/033

CLAIMS AS FILED - PART I								SMALL	ENTITY		ATUE	7 7 1 4 4 4
			(Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS			,					RATE	FEE	7	RATE	FEE
FOR			NuMbéR FILED		NUMBER EXTRA			BASIC FE	E 150.00	OR	BASIC FEE	300.00
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 25=		OR	X\$50=	
INDEPENDENT CLAIMS			minus 3 =		*			X100=	1-	OR	X200=	
MULTIPLE DEPENDENT CLAIM PI			RESENT		•			+180=	 	7		
* If the difference in column 1 is less than zero, enter "0" i					"0" in	column 2			 	OR	L	
CLAIMS AS AMENDED - PART II							TOTAL	L	JOR	TOTAL	THAN	
(Column 1)			(Column 2) (C			(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PREȘENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 38	Minus	** 3	4	=4		X\$ 25=		OR	X\$50=	20000
	Independent	<u>+ 9</u>	Minus	**** (21 4114	-3		X100=		OR	X200=	60000
	rino i Priest	ENTATION OF MI	JUITPLE DE	·	CLAIM			+180=		OR	+360=	
							L	TOTAL		4 1		80000
		(Column 1)		(Colum	- O)	(Caluma 0)	A	DDIT. FEE		OR ,	ADDIT. FEE	800=
		CLAIMS	<u> </u>	HIGHE	ST	(Column 3)	Ìг		ADDI-	1 1		4551
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	.ADDI- TIONAL FEE
	Total		Minus	**		=	.[X\$ 25=		OR	X\$50=	
	Independent	•	Minus	wat		=		X100=	,	OR	X200=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-				-	
							L	+180=		OR	+360≃	
								TOTAL DOIT. FEE		OR A	TOTAL DDIT. FEE	
		(Column _{,1})		(Colum		(Column 3)			. •			
AMENDMENT C	-	CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE: NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	•	Minus	***		-	5	(\$ 25=		OR	X\$50=	
	Independent		Minus	***		a	1	K100=		r	X200=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR	72002	
+180										OR	+360=	
H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR 🚡	TOTAL DDIT. FEE	
T	he "Highest Num	tiper Previously Paid ber Previously Paid	For (Total or	o SPACE is i Independent	ess thar 1) is the I	i 3, enter "3." highest number		DIT. FEE	ropriate box			·